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ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 890057.422C3	
FY 2005 (Fees pursuant to the Consolidated Appropriation	ns Act, 2005 (H.R. 4	4818).)			
Application Number 09/879,339			Filed June 11, 2001		
For SUPPLYING NOTIFICATIONS RELATED TO DATA	SUPPLY AND C	ONSUMPT	ON OF	USER CONTE	XT
Art Unit 2173			Examiner Tadesse Hailu		
This is a request under the provisions of 37 CF reply in the above identified application.	R 1.136(a) to exte	nd the perio	od for filii	ng a	
The requested extension and fee are as follows fee below):	s (check time perio	od desired a	ınd entei	the appropriat	:e
	<u>Fee</u>	Small Er	tity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$6	0	\$	
Two months (37 CFR 1.17(a)(2))	\$450	\$2:	25	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$5	10	\$ <u>510</u>	
Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$10	080	\$	
Applicant claims small entity status. See 37	CFR 1.27.				
A check in the amount of the fee is enclosed	d.				
Payment by credit card. Form PTO-2038 is	attached.				
The Director has already been authorized to application to a Deposit Account.	charge fees in thi	is			
The Director is hereby authorized to charge or credit any overpayment, to Deposit Acc	-	•		ed a	
duplicate copy of this sheet.	 -				
WARNING: Information on this form may becons included on this form. Provide credit card info	ome public. Credit or crmation and autho	card informa rization on l	ation sho PTO-2038	uld not be 3.	
I am the ☐ applicant/inventor.					
assignee of record of the entire inter	est. See 37 CFR	3.71			
Statement under 37 CFR 3.73(b)	is enclosed (Form	PTO/SB/90	3).		
🛚 attorney or agent of record. Registr	ation No. <u>43,985</u>				
attorney or agent under 37 CFR 1.34	4.				
Registration number if acting under	37 CFR 1.34.				
		P	March 23	3, 2006	
Signature			Date		_

James A. D. White Typed or printed name

206-622-4900 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Afexandria, VA 22313-1450.

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